

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

**IN RE: LAFARRAH LEE GHOLAR
, Debtor(s)**

**Case No. 25-50556-KMS
CHAPTER 13**

TO: AFFECTED CREDITORS:

Family Vision, 450 5th Ave SW, Magee, MS 39111
Adela Agency, PO Box 1745, Hattiesburg, MS 39403

TRUSTEE: David Rawlings

U. S. TRUSTEE: USTPRegion05.JA.ECF@usdoj.gov

NOTICE OF AMENDMENT OF SCHEDULES

YOU ARE HEREBY NOTIFIED that the above-named debtor(s) has filed with the Bankruptcy Court an Amendment of Schedules (see attached copy of Notice of Meeting of Creditors, amended schedules and Plan).

YOU ARE FURTHER NOTIFIED that if you wish to examine the debtor(s) under oath, you must request of the U.S. Trustee an adjourned Meeting of Creditors. Said request must be made within 21 days of the date of this notice. (*Address of U.S. Trustee: United States Courthouse, 501 East Court St., Ste. 6-430, Jackson, MS 39201*)

YOU ARE FURTHER NOTIFIED that the affected creditor(s) has 60 days from the date of this notice to file, with the U.S. Bankruptcy Court, a complaint to determine the dischargeability of a debt under § 523(c), a motion objecting to discharge under § 1328(f) of the Bankruptcy Code or a motion to seek an extension of time for filing a complaint or a motion objecting to discharge.

YOU ARE FURTHER NOTIFIED that should you desire to file an objection to the Plan, you should do so, with the U.S. Bankruptcy Court, within 30 days of the date of this notice in the form of a written pleading.

YOU ARE FURTHER NOTIFIED that any added creditor is given 30 days from the conclusion of the meeting of creditors or 30 days from date of this notice, whichever is later, to file with the U.S. Bankruptcy Court an objection to the debtor(s) list of property claimed as exempt

YOU ARE FURTHER NOTIFIED that any added creditor is given 70 days from the date of this notice to file a proof of claim with the U.S. Bankruptcy Court. A proof of claim may be obtained at www.mssb.uscourts.gov or any bankruptcy clerk's office.
Address of the U.S. Bankruptcy Court may be found on the attached Notice of Chapter 13 Bankruptcy Case.

Date: June 12, 2025

/s/ Thomas C. Rollins, Jr.
Thomas C. Rollins, Jr.

Notice of Chapter 13 Bankruptcy Case

United States Bankruptcy Court Southern District of Mississippi

Information to identify the case:

Debtor 1	LaFarrah Lee Gholar			Social Security number or ITIN xxx-xx-2926
	First Name	Middle Name	Last Name	EIN -----
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	Social Security number or ITIN -----
				EIN -----
United States Bankruptcy Court for the Southern District of Mississippi				
Case number: 25-50556-KMS Date case filed for chapter 13 4/17/25				

For the debtors listed above, a case has been filed under chapter 13 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors, the debtors' property, and certain codebtors. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

Confirmation of a chapter 13 plan may result in a discharge. Creditors who assert that the debtors are not entitled to a discharge under 11 U.S.C. § 1328(f) must file a motion objecting to discharge in the bankruptcy clerk's office within the deadline specified in this notice. Creditors who want to have their debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office by the same deadline. (See line 13 below for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.uscourts.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

Cell Phones and other electronic devices are generally not allowed in the courthouses of this District. For more information visit www.mssb.uscourts.gov

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the court.

About Debtor 1:		About Debtor 2:
1. Debtor's full name	LaFarrah Lee Gholar	
2. All other names used in the last 8 years	aka LaFarrah Gholar, fka LaFarah Newsome	
3. Address	PO Box 997 Prentiss, MS 39474	
4. Debtor's attorney Name and address	Thomas Carl Rollins Jr The Rollins Law Firm, PLLC PO BOX 13767 Jackson, MS 39236	Contact phone 601-500-5533 Email trollins@therollinsfirm.com
5. Bankruptcy trustee Name and address	David Rawlings David Rawlings, Chapter 13 Trustee P.O. Box 566 Hattiesburg, MS 39403	Contact phone 601-582-5011 Email ecfnotices@rawlings13.net
6. Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.uscourts.gov .	Dan M. Russell, Jr. U.S. Courthouse 2012 15th Street, Suite 244 Gulfport, MS 39501	Office Hours: Monday – Friday 8:00 AM – 5:00 PM Contact phone 228-563-1790 Date: 5/1/25

For more information, see page 2

Debtor LaFarrah Lee Gholar

Case number 25-50556-KMS

7. Meeting of creditors	June 4, 2025 at 09:00 AM Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend. Creditors may attend, but are not required to do so.	Trustee: David Rawlings Zoom video meeting. Go to zoom.us/join , enter Meeting ID 431 357 5185 and Passcode 8402453787 , OR call 769-267-0361. <u>For additional meeting information go to www.justice.gov/ust/moc</u>
8. Deadlines	Deadline to file a complaint to challenge dischargeability of certain debts: You must file: <ul style="list-style-type: none"> • a motion if you assert that the debtors are not entitled to receive a discharge under U.S.C. § 1328(f) or • a complaint if you want to have a particular debt excepted from discharge under 11 U.S.C. § 523(a)(2) or (4). Deadline for all creditors to file a proof of claim: (except governmental units)	Filing deadline: 8/4/25
	Deadline for governmental units to file a proof of claim:	Filing deadline: 6/26/25
	Deadlines for filing proof of claim: A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be obtained at www.uscourts.gov or any bankruptcy clerk's office. If you do not file a proof of claim by the deadline, you might not be paid on your claim. To be paid, you must file a proof of claim even if your claim is listed in the schedules that the debtor filed. Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits the creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.	Filing deadline: 10/14/25
9. Filing of plan	Deadline to object to exemptions: The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.	Filing deadline: 30 days after the conclusion of the meeting of creditors
10. Creditors with a foreign address	Miss. Bankr. L.R. 3015-1(d) requires the debtor to serve a copy of the plan and related notice on the Trustee, the US Trustee, and all creditors. The plan may contain a motion for valuation of security and/or a motion to avoid lien. <u>Any objection to the plan or to any motion contained therein shall be in writing and filed with the Clerk of Court on or before June 18, 2025.</u> Objections will be heard on <u>July 8, 2025 at 01:30 PM</u> in the William Colmer Federal Building, 701 N. Main Street, Hattiesburg, MS 39401, unless otherwise ordered by the court. If no objection is timely filed, the plan may be confirmed without a hearing.	
11. Filing a chapter 13 bankruptcy case	Chapter 13 allows an individual with regular income and debts below a specified amount to adjust debts according to a plan. A plan is not effective unless the court confirms it. You may object to confirmation of the plan and appear at the confirmation hearing. A copy of the plan, if not enclosed, will be sent to you later, and if the confirmation hearing is not indicated on this notice, you will be sent notice of the confirmation hearing. The debtor will remain in possession of the property and may continue to operate the business, if any, unless the court orders otherwise.	
12. Exempt property	The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors, even if the case is converted to chapter 7. Debtors must file a list of property claimed as exempt. You may inspect that list at the bankruptcy clerk's office or online at www.pacer.uscourts.gov . If you believe that the law does not authorize an exemption that debtors claimed, you may file an objection by the deadline.	
13. Discharge of debts	Confirmation of a chapter 13 plan may result in a discharge of debts, which may include all or part of a debt. However, unless the court orders otherwise, the debts will not be discharged until all payments under the plan are made. A discharge means that creditors may never try to collect the debt from the debtors personally except as provided in the plan. If you want to have a particular debt excepted from discharge under 11 U.S.C. § 523(a)(2) or (4), you must file a complaint and pay the filing fee in the bankruptcy clerk's office by the deadline. If you believe that the debtors are not entitled to a discharge of any of their debts under 11 U.S.C. § 1328(f), you must file a motion. The bankruptcy clerk's office must receive the objection by the deadline to object to exemptions in line 8.	

Fill in this information to identify your case:

Debtor 1	LaFarrah Lee Gholar		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF MISSISSIPPI	
Case number (if known)	25-50556		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Aidvantage Nonpriority Creditor's Name Attn: Bankruptcy Po Box 300001 Greenville, TX 75403 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ Educational

Debtor 1 LaFarrah Lee Gholar	Case number (if known)	25-50556												
<p>4.2</p> <table border="1"> <tr> <td>Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code</td> <td>Last 4 digits of account number</td> <td>5487</td> </tr> <tr> <td></td> <td>When was the debt incurred?</td> <td>Opened 2/11/23 Last Active 4/03/25</td> </tr> <tr> <td colspan="3">As of the date you file, the claim is: Check all that apply</td> </tr> <tr> <td colspan="3"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes </td> </tr> </table>			Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code	Last 4 digits of account number	5487		When was the debt incurred?	Opened 2/11/23 Last Active 4/03/25	As of the date you file, the claim is: Check all that apply			<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes		
Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code	Last 4 digits of account number	5487												
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<p>4.3</p> <table border="1"> <tr> <td>Comenity Ban Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code</td> <td>Last 4 digits of account number</td> <td>9011</td> </tr> <tr> <td></td> <td>When was the debt incurred?</td> <td>Opened 05/21 Last Active 4/03/25</td> </tr> <tr> <td colspan="3">As of the date you file, the claim is: Check all that apply</td> </tr> <tr> <td colspan="3"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes </td> </tr> </table>			Comenity Ban Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number	9011		When was the debt incurred?	Opened 05/21 Last Active 4/03/25	As of the date you file, the claim is: Check all that apply			<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes		
Comenity Ban Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number	9011												
	When was the debt incurred?	Opened 05/21 Last Active 4/03/25												
As of the date you file, the claim is: Check all that apply														
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes														
<p>4.4</p> <table border="1"> <tr> <td>Comenity Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code</td> <td>Last 4 digits of account number</td> <td>5655</td> </tr> <tr> <td></td> <td>When was the debt incurred?</td> <td>Opened 08/20 Last Active 03/25</td> </tr> <tr> <td colspan="3">As of the date you file, the claim is: Check all that apply</td> </tr> <tr> <td colspan="3"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account <input type="checkbox"/> Yes </td> </tr> </table>			Comenity Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number	5655		When was the debt incurred?	Opened 08/20 Last Active 03/25	As of the date you file, the claim is: Check all that apply			<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account <input type="checkbox"/> Yes		
Comenity Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number	5655												
	When was the debt incurred?	Opened 08/20 Last Active 03/25												
As of the date you file, the claim is: Check all that apply														
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account <input type="checkbox"/> Yes														

Debtor 1	<u>LaFarrah Lee Gholar</u>	Case number (if known)	<u>25-50556</u>
4.5	<p>Dillards Nonpriority Creditor's Name</p> <p>Po Box 6497 Sioux Falls, SD 57117 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><u>0837</u></p> <p>When was the debt incurred?</p> <p><u>Opened 03/98 Last Active 03/25</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u></p>	\$3,343.00
4.6	<p>Family Vision *** Nonpriority Creditor's Name</p> <p>450 5th Ave SW Magee, MS 39111 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><u>443.34</u></p> <p>When was the debt incurred?</p> <p><u>05/25/2023</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	
4.7	<p>First Electronic Bank Nonpriority Creditor's Name</p> <p>Attn: Bankruptcy Po Box 521271 Salt Lake City, UT 84152 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><u>9355</u></p> <p>When was the debt incurred?</p> <p><u>Opened 07/23 Last Active 12/24</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Check Credit Or Line Of Credit</u></p>	\$2,275.00

Debtor 1 LaFarrah Lee Gholar

Case number (if known)

25-50556

4.8 GoodLeap Llc. Nonpriority Creditor's Name 1410 Sw Morrison St Portland, OR 97205 Number Street City State Zip Code	Last 4 digits of account number <u>0281</u> When was the debt incurred? <u>Opened 11/22 Last Active 2/21/25</u> As of the date you file, the claim is: Check all that apply	\$12,050.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u></p>		

4.9 Nelnet Nonpriority Creditor's Name Po Box 82561 Lincoln, NE 68501 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply	\$19,691.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>		

4.1 New Found Rentals Nonpriority Creditor's Name 3262 Westheimer Rd Houston, TX 77098 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply	\$1,508.86
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>		

Debtor 1	<u>LaFarrah Lee Gholar</u>	Case number (if known)	<u>25-50556</u>
4.1 1	Nissan Motor Acceptanc Nonpriority Creditor's Name	Last 4 digits of account number	<u>0001</u> \$24,055.00
PO Box 78132 Phoenix, AZ 85062-8132	When was the debt incurred?	<u>Opened 07/19 Last Active 06/22</u>	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Automobile Deficiency</u> <input checked="" type="checkbox"/> Yes		
4.1 2	Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	Last 4 digits of account number	<u>8113</u> \$2,976.00
Number Street City State Zip Code	When was the debt incurred?	<u>Opened 04/21 Last Active 04/25</u>	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Charge Account</u> <input type="checkbox"/> Yes		
4.1 3	Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	Last 4 digits of account number	<u>2053</u> \$697.00
Number Street City State Zip Code	When was the debt incurred?	<u>Opened 08/21 Last Active 3/09/25</u>	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Credit Card</u> <input type="checkbox"/> Yes		

Debtor 1	<u>LaFarrah Lee Gholar</u>	Case number (if known)	<u>25-50556</u>
4.1 4	Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number Street City State Zip Code	Last 4 digits of account number	<u>3475</u>
		When was the debt incurred?	<u>Opened 07/23 Last Active 3/14/25</u>
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Charge Account</u> <input type="checkbox"/> Yes		
4.1 5	Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Pob 965064 Orlando, FL 32896 Number Street City State Zip Code	Last 4 digits of account number	<u>4049</u>
		When was the debt incurred?	<u>Opened 06/23 Last Active 03/25</u>
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Charge Account</u> <input type="checkbox"/> Yes		
4.1 6	Target Nonpriority Creditor's Name PO Box 9475 Minneapolis, MN 55440 Number Street City State Zip Code	Last 4 digits of account number	<u>2174</u>
		When was the debt incurred?	<u>Opened 12/07 Last Active 3/23/25</u>
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Credit Card</u> <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 LaFarrah Lee GholarCase number (if known) 25-50556

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Adela Agency***
PO Box 1745
Hattiesburg, MS 39403

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>	Total Claim
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>	
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>	
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <u>0.00</u>	
Total claims from Part 2	6f. Student loans	6f. \$ <u>32,335.00</u>	Total Claim
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>51,979.20</u>	
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <u>84,314.20</u>	

Fill in this information to identify your case:

Debtor 1	LaFarrah Lee Gholar
	Full Name (First, Middle, Last)
Debtor 2	
(Spouse, if filing)	Full Name (First, Middle, Last)
United States Bankruptcy Court for the	SOUTHERN DISTRICT OF MISSISSIPPI
Case number:	25-50556
(If known)	

Check if this is an amended plan, and list below the sections of the plan that have been changed.
2.2, 5.1

Chapter 13 Plan and Motions for Valuation and Lien Avoidance

12/17

Part 1: Notices

To Debtors: This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable. The treatment of ALL secured and priority debts must be provided for in this plan.

In the following notice to creditors, you must check each box that applies

To Creditors: Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.

You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation on or before the objection deadline announced in Part 9 of the Notice of Chapter 13 Bankruptcy Case (Official Form 309I). The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015.

The plan does not allow claims. Creditors must file a proof of claim to be paid under any plan that may be confirmed.

The following matters may be of particular importance. Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

1.1	A limit on the amount of a secured claim, set out in Section 3.2, which may result in a partial payment or no payment at all to the secured creditor	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included
1.2	Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Section 3.4.	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included
1.3	Nonstandard provisions, set out in Part 8.	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included

Part 2: Plan Payments and Length of Plan

2.1 Length of Plan.

The plan period shall be for a period of 60 months, not to be less than 36 months or less than 60 months for above median income debtor(s). If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan.

2.2 Debtor(s) will make payments to the trustee as follows:

Debtor shall pay \$1,340.50 (monthly, semi-monthly, weekly, or bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the court, an Order directing payment shall be issued to the debtor's employer at the following address:

**Jefferson Davis County School Dist
P.O. Box 1197
Prentiss MS 39474-0000**

Debtor LaFarrah Lee Gholar Case number 25-50556

Joint Debtor shall pay monthly, semi-monthly, weekly, or bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the court, an Order directing payment shall be issued to the joint debtor's employer at the following address:

2.3 Income tax returns/refunds.

Check all that apply

- Debtor(s) will retain any exempt income tax refunds received during the plan term.
- Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all non-exempt income tax refunds received during the plan term.
- Debtor(s) will treat income refunds as follows:

2.4 Additional payments.

Check one.

- None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.

Part 3: Treatment of Secured Claims

3.1 Mortgages. (Except mortgages to be crammed down under 11 U.S.C. § 1322(c)(2) and identified in § 3.2 herein.).

Check all that apply.

- None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.

Insert additional claims as needed.

3.2 Motion for valuation of security, payment of fully secured claims, and modification of undersecured claims. *Check one..*

- None.** If "None" is checked, the rest of § 3.2 need not be completed or reproduced.
The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked.

- Pursuant to Bankruptcy Rule 3012, for purposes of 11 U.S.C. § 506(a) and § 1325(a)(5) and for purposes of determination of the amounts to be distributed to holders of secured claims, debtor(s) hereby move(s) the court to value the collateral described below at the lesser of any value set forth below or any value set forth in the proof of claim. Any objection to valuation shall be filed on or before the objection deadline announced in Part 9 of the Notice of Chapter 13 Bankruptcy Case (Official Form 309I).

The portion of any allowed claim that exceeds the amount of the secured claim will be treated as an unsecured claim under Part 5 of this plan. If the amount of a creditor's secured claim is listed below as having no value, the creditor's allowed claim will be treated in its entirety as an unsecured claim under Part 5 of this plan. Unless otherwise ordered by the court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in this paragraph.

Name of creditor	Estimated amount of creditor's total claim #	Collateral	Value of collateral	Amount of secured claim	Interest rate*
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Bank of America	\$39,819.00	2022 Nissan Pathfinder 67516 miles	\$20,585.70	\$20,585.70	10.00%
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Insert additional claims as needed.

#For mobile homes and real estate identified in § 3.2: Special Claim for taxes/insurance:

Name of creditor	Collateral	Amount per month	Beginning month
-NONE-			

* Unless otherwise ordered by the court, the interest rate shall be the current Till rate in this District

Debtor

LaFarrah Lee Gholar

Case number

25-50556

For vehicles identified in § 3.2: The current mileage is _____

3.3 Secured claims excluded from 11 U.S.C. § 506.*Check one.****None. If "None" is checked, the rest of § 3.3 need not be completed or reproduced.***

The claims listed below were either:

- (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or
- (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling.

Name of Creditor	Collateral	Amount of claim	Interest rate*
Santander Consumer	2023 Nissan Altima 28471 miles	\$33,614.00	10.00%

*Unless otherwise ordered by the court, the interest rate shall be the current Till rate in this District.

*Insert additional claims as needed.***3.4 Motion to avoid lien pursuant to 11 U.S.C. § 522.***Check one.****None. If "None" is checked, the rest of § 3.4 need not be completed or reproduced.******The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked.***

The judicial liens or nonpossessory, nonpurchase money security interests securing the claims listed below impair exemptions to which the debtor(s) would have been entitled under 11 U.S.C. § 522(b). Unless otherwise ordered by the court, a judicial lien or security interest securing a claim listed below will be avoided to the extent that it impairs such exemptions upon entry of the order confirming the plan unless the creditor files an objection on or before the objection deadline announced in Part 9 of the Notice of Chapter 13 Bankruptcy Case (Official Form 309I). Debtor(s) hereby move(s) the court to find the amount of the judicial lien or security interest that is avoided will be treated as an unsecured claim in Part 5 to the extent allowed. The amount, if any, of the judicial lien or security interest that is not avoided will be paid in full as a secured claim under the plan. See 11 U.S.C. § 522(f) and Bankruptcy Rule 4003(d). If more than one lien is to be avoided, provide the information separately for each lien.

Name of creditor	Property subject to lien	Lien amount to be avoided	Secured amount remaining	Type of lien	Lien identification (county, court, judgment date, date of lien recording, county, court, book and page number)
Midland Fudng	702 Sugar Ridge Rd Newhebron, MS 39140 Jefferson Davis County heir property	\$2,660.00	\$0.00	Judgment Lien	Bk20Pg333

*Insert additional claims as needed.***3.5 Surrender of collateral.***Check one.****None. If "None" is checked, the rest of § 3.5 need not be completed or reproduced.***

The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The debtor(s) request that upon confirmation of this plan the stay under 11 U.S.C. § 362(a) be terminated as to the collateral only and that the stay under § 1301 be terminated in all respects. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.

Debtor	<u>LaFarrah Lee Gholar</u>	Case number	<u>25-50556</u>
	Name of Creditor		Collateral
<u>1st Franklin</u>		<u>Household Goods</u>	
<u>Republic Finance</u>		<u>Household Goods</u>	
<u>Tower Loan</u>		<u>PMSI Furniture</u>	
<u>Tower Loan</u>		<u>PMSI Furniture</u>	

Insert additional claims as needed.

Part 4: Treatment of Fees and Priority Claims

4.1 General

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.

4.2 Trustee's fees

Trustee's fees are governed by statute and may change during the course of the case.

4.3 Attorney's fees.

No look fee: 4,000.00

Total attorney fee charged: \$4,000.00

Attorney fee previously paid: \$2,622.00

Attorney fee to be paid in plan per confirmation order: \$1,378.00

Hourly fee: \$_____. (Subject to approval of Fee Application.)

4.4 Priority claims other than attorney's fees and those treated in § 4.5.

Check one.

None. If "None" is checked, the rest of § 4.4 need not be completed or reproduced.

4.5 Domestic support obligations.

None. If "None" is checked, the rest of § 4.5 need not be completed or reproduced.

Part 5: Treatment of Nonpriority Unsecured Claims

5.1 Nonpriority unsecured claims not separately classified.

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. Check all that apply.

The sum of \$ 1,995.95

% of the total amount of these claims, an estimated payment of \$_____

The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$1,995.00. Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

5.2 Other separately classified nonpriority unsecured claims (special claimants). Check one.

None. If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

Part 6: Executory Contracts and Unexpired Leases

Debtor

LaFarrah Lee Gholar

Case number

25-50556

6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one.

None. If "None" is checked, the rest of § 6.1 need not be completed or reproduced.

Part 7: Vesting of Property of the Estate

7.1 Property of the estate will vest in the debtor(s) upon entry of discharge.

Part 8: Nonstandard Plan Provisions

8.1 Check "None" or List Nonstandard Plan Provisions

None. If "None" is checked, the rest of Part 8 need not be completed or reproduced.

Part 9: Signatures:

9.1 Signatures of Debtor(s) and Debtor(s)' Attorney

The Debtor(s) and attorney for the Debtor(s), if any, must sign below. If the Debtor(s) do not have an attorney, the Debtor(s) must provide their complete address and telephone number.

X /s/ LaFarrah Lee Gholar

LaFarrah Lee Gholar
Signature of Debtor 1

Executed on May 20, 2025

X

Signature of Debtor 2

Executed on _____

702 Sugar Ridge Rd

Address
Newhebron MS 39140-0000

City, State, and Zip Code

Telephone Number

Address

City, State, and Zip Code

Telephone Number

X /s/ Thomas C. Rollins, Jr.

Thomas C. Rollins, Jr. 103469

Signature of Attorney for Debtor(s)

P.O. Box 13767
Jackson, MS 39236

Address, City, State, and Zip Code

601-500-5533

Telephone Number

trollins@therollinsfirm.com

Email Address

Date May 20, 2025

103469 MS

MS Bar Number

CERTIFICATE OF SERVICE

I, Thomas C. Rollins, Jr., do hereby certify that I have this date transmitted via Electronic Case Filing, as it appears on this date in the Court registered e-filers of CM/ECF and/or via U. S. Mail, postage prepaid, a true and correct copy of the above Notice of Amendment to Schedules, Notice of Chapter 13 Bankruptcy Case, amended schedules, and plan (if applicable) to the affected creditor(s), Case Trustee and U.S. Trustee at the above listed address(es).

Date: June 12, 2025

/s/ Thomas C. Rollins, Jr.

Thomas C. Rollins, Jr. (Bar No. 103469)
Jennifer A Curry Calvillo (Bar No. 104367)
The Rollins Law Firm
P.O. Box 13767
Jackson, MS 39236
(601) 500-5533